

OIL CONSERVATION DIVISION

Revised 10-1-70

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 17 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

USE OF SPACE RESERVED	
DISCLAIMER	
SANTA FE	
FILE	
USING	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Yates Energy Corporation

Address: Security National Bank Bldg., Suite 919, Roswell, N.M. 88201

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner: Harvey E. Yates Company, P. O. Box 1933, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Fulton Collier	Well No. 1	Pool Name, including Formation Artesia Q. G. S. A.	Kind of Lease State, Federal or Fee State	Lease No. E=1284
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 5 B4 Phillips Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>1</u> Twp. <u>18S</u> Rge. <u>28E</u>	Is gas actually collected? <u>Yes</u> When <u>1/26/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

Hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John R. McMinn
(Signature)
John R. McMinn Engineer
(Title)
August 6, 1982
(Date)

OIL CONSERVATION DIVISION

AUG 16 1982

APPROVED _____, 19__

BY Leslie A. Clements

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.